Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Kendall Green Energy LLC

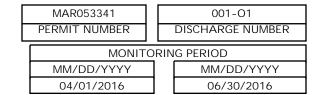
ADDRESS: 265 FIRST ST

CAMBRIDGE, MA 02142

FACILITY: KENDALL GREEN ENERGY, LLC

LOCATION: 265 FIRST ST

CAMBRIDGE, MA 02142



DMR Mailing ZIP CODE: 02142

MINOR

Steam Electric Generating Facilities

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	****	*****	1.49	mg/L		Quarterly	GRAB
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	1 MAXIMUM	mg/L		Quarterly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Donald Silva	TELEPI	HONE	DATE
James Harrison/ EH and S Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)839	9-4715)7/21/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

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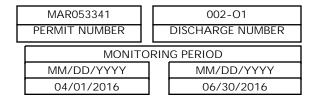
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MINOR

Steam Electric Generating Facilities

External Outfall

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		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	1 MAXIMUM	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	I Donaid Silva	TELEP	HONE	DATE
James Harrison/ EH and S Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)83	9-4715)7/21/2010
TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 265 FIRST ST

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FACILITY: KENDALL GREEN ENERGY, LLC

LOCATION: 265 FIRST ST

CAMBRIDGE, MA 02142

 MAR053341
 003-01

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 04/01/2016
 06/30/2016

DMR Mailing ZIP CODE: 02142

MINOR

Steam Electric Generating Facilities

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	****	****	3.2	mg/L		Quarterly	GRAB
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	GRAB

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Sames Harrison, Errana e Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)83	9-4715)7/21/2010
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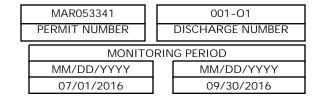
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......g _... - - - - .

MINOR

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External Outfall

No Discharge

		QUAN	TITY OR LOADII	TY OR LOADING QUALITY			CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	****	*****	****	****	.706	mg/L		Quarterly	GRAB
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	GRAB

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LOCATION: 265 FIRST ST

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 MAR053341
 002-01

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2016
 09/30/2016

DMR Mailing ZIP CODE:

02142

MINOR

Steam Electric Generating Facilities

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI C				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	1 MAXIMUM	mg/L		Quarterly	GRAB

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		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	****	*****	****	****	1.18	mg/L		Quarterly	GRAB
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	1 MAXIMUM	mg/L		Quarterly	GRAB

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